**DECLARATION FOR UTILITY OR** 

**DESIGN** 

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**Attorney Docket Number** 

**First Named Inventor** 

PATENT APPL	cc	COMPLETE IF KNOWN					
(37 CFR 1.63)		Application Nun	nber				
Declaration	Declaration	Filing Date	Herewi	th	;		
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Art Unit					
Filing	(37 CFR 1.16 (e)) required)	Examiner Name					
I hereby declare that:				*			
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.							
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
VIRTUAL FLIP CHART METHOD AND APPARATUS							
(Title of the Invention)							
the specification of which							
is attached hereto							
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International							
Application Number	er and was amended on (MM/DD/YYYY) (if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	y Attached?		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

871462.00024.PA1242380L

Michael H. Dunn

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	Customer Numbe	er 267	10		OR 🔽	Correspondence address below	
Name Michael A. Jaskolski							
Address Quarles & Brady, LLP							
411 East Wisconsin Avenue Address							
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USA Country	414.277.5 Telephone			7.5711		414.271.3552 Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor							
Given Name Michael H. Family Name Dunn or Surname							
Inventor's Signature Date 3-24-04							
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NAME OF SECOND INVENTOR:    A petition has been filed for this unsigned inventor							
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Inventor's Signature Date 3-24-04							
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City Suwanee	GA Z			30024-5352		USA	
Additional inventors are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor						
			A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])  Peter W.			Family Name or Sumame Hildebrandt			
		1		T		
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	_					
Inventor's Signature Date					Date	
Residence: City	nce: City State		Country		Citizenship	
Mailing Address						
Mailing Address	-					
City	State	ZIP		Cou	Country	
Name of Additional Joint Inventor, if any:						
Given Name (first and middle [if any])			Family Name or Surname			
Inventor's Signature					Date	
Residence: City	State		Country		Citizenship	
Mailing Address						
Mailing Address						
City	State		_ ZIP	c。	untry	